

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

Christine Banks

(Print your full name)

RECEIVED IN CLERK'S OFFICE

Plaintiff *pro se*, U.S.D.C. Atlanta

JUN 07 2018

CIVIL ACTION FILE NO.

1 18-CV-2809

(to be assigned by Clerk)

v.

JAMES N. HATTEN, Clerk
By: [Signature] Deputy Clerk

The News Group

(TNG)

David Perry / Mark Pearson

(Print full name of each defendant; an employer is usually the defendant)

Defendant(s).

PRO SE EMPLOYMENT DISCRIMINATION COMPLAINT FORM

Claims and Jurisdiction

1. This employment discrimination lawsuit is brought under (check only those that apply):

_____ Title VII of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000e et seq., for employment discrimination on the basis of race, color, religion, sex, or national origin, or retaliation for exercising rights under this statute.

NOTE: To sue under Title VII, you generally must have received a notice of right-to-sue letter from the Equal Employment Opportunity Commission ("EEOC").

X

Age Discrimination in Employment Act of 1967, 29 U.S.C. §§ 621 et seq., for employment discrimination against persons age 40 and over, or retaliation for exercising rights under this statute.

NOTE: To sue under the Age Discrimination in Employment Act, you generally must first file a charge of discrimination with the EEOC.

X

Americans With Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., for employment discrimination on the basis of disability, or retaliation for exercising rights under this statute.

NOTE: To sue under the Americans With Disabilities Act, you generally must have received a notice of right-to-sue letter from the EEOC.

Other (describe) Wrongful Termination,
Harassment, Damages
Hostile Working Environment
Disability Discrimination
Age Discrimination

I cannot afford an attorney and had no
on the help except my niece Belinda Garrett

2. This Court has subject matter jurisdiction over this case under the above-listed statutes and under 28 U.S.C. §§ 1331 and 1343.

I do this paper work

Parties

3. Plaintiff. Print your full name and mailing address below:

Name Christine Banks
Address 2842 Marco Dr.
Atlanta Ga 30318

4. Defendant(s). Print below the name and address of each defendant listed on page 1 of this form:

Name The News Group (David Perry / Mark Pearson)
Address 1955 Lake Park Dr SE
Suite 400 Smyrna Ga 30080

Name Tawana Johnson (HR)
Address 4070 Shirley Drive
Atlanta Ga 30033

Name Rusty Rankin
Address 4070 Shirley Drive
Atlanta Ga 30033

Location and Time

5. If the alleged discriminatory conduct occurred at a location different from the address provided for defendant(s), state where that discrimination occurred:

N/A

6. When did the alleged discrimination occur? (State date or time period)

I was terminated from my position without written notice and only found out through my insurance on 8/29/2016. Notice was not given until month later at my niece's request. I stated I had abandon my job. At the time I was terminated I was on disability Administrative Procedures

7. Did you file a charge of discrimination against defendant(s) with the EEOC or any other federal agency? ☐ Yes ☒ No

If you checked "Yes," attach a copy of the charge to this complaint.

8. Have you received a Notice of Right-to-Sue letter from the EEOC?

☐ Yes

☒ No

If you checked "Yes," attach a copy of that letter to this complaint and state the date on which you received that letter:

I did not know about filing an EEO I am 72

9. If you are suing for age discrimination, check one of the following:

☐ 60 days or more have elapsed since I filed my charge of age discrimination with the EEOC

☐ Less than 60 days have passed since I filed my charge of age discrimination with the EEOC

10. If you were employed by an agency of the State of Georgia or unsuccessfully sought employment with a State agency, did you file a complaint against defendant(s) with the Georgia Commission on Equal Opportunity?

____ Yes

____ No

☒ Not applicable, because I was not an employee of, or applicant with, a State agency.

If you checked "Yes," attach a copy of the complaint you filed with the Georgia Commission on Equal Opportunity and describe below what happened with it (i.e., the complaint was dismissed, there was a hearing before a special master, or there was an appeal to Superior Court):

~~NA~~

11. If you were employed by a Federal agency or unsuccessfully sought employment with a Federal agency, did you complete the administrative process established by that agency for persons alleging denial of equal employment opportunity?

____ Yes

____ No

☒ Not applicable, because I was not an employee of, or applicant with, a Federal agency.

If you checked "Yes," describe below what happened in that administrative process:

~~NA~~

Nature of the Case

12. The conduct complained about in this lawsuit involves (check only those that apply):

_____ failure to hire me
_____ failure to promote me
_____ demotion
_____ reduction in my wages
_____ working under terms and conditions of employment that differed
_____ from similarly situated employees
☒ harassment
_____ retaliation
☒ termination of my employment
☒ failure to accommodate my disability
_____ other (please specify) _____

13. I believe that I was discriminated against because of (check only those that apply):

_____ my race or color, which is _____
_____ my religion, which is _____
_____ my sex (gender), which is _____ male _____ female
_____ my national origin, which is _____
☒ my age (my date of birth is May 4 1946)
☒ my disability or perceived disability, which is:

I had my foot amputated

_____ my opposition to a practice of my employer that I believe violated the federal anti-discrimination laws or my participation in an EEOC investigation

☒ other (please specify) I am also filing this claim of the Rehabilitation Act of 1973 because I think all apply to my situation and circumstances

14. Write below, as clearly as possible, the essential facts of your claim(s). Describe specifically the conduct that you believe was discriminatory or retaliatory and how each defendant was involved. Include any facts which show that the actions you are complaining about were discriminatory or retaliatory. Take time to organize your statements; you may use numbered paragraphs if you find that helpful. Do not make legal arguments or cite cases or statutes.

I started having issue with my legs due to circulation iss. in 2015. That was when management changed. I had been with the compa / for 28 years. New management took issue with me having to be out due to repeated issues and surgeries on my legs. I provided medical documentation for my surgeries. I was placed on disability. After returning with instruction from my doctor that I could return to work with instruction from my doctor I was told that was NO work for me until I could return in full capacity and asked to leave the premises. During that time it became necessary to have surgery on the opposite leg resulting in my foot being...

(Attach no more than five additional sheets if necessary; type or write legibly only on one side of a page.)

see attachment.

Christine Banks cont. 257742202 (1)

Amputated. While in recovery I was informed I had been terminated by my employer and need to make a decision about extending my insurance with a new Application. My employer knew I was out on disability after surgery I am filing this complaint for the following reason:

- My employer terminated me without notification while I was out on disability recovering from my foot being removed. I now have only one.
- After management changed I was constantly harassed I believe because I was close to retirement and having difficulty with my legs.
- With the influx of Hispanic employees at a lower wage than I was I was constantly harassed in an effort to make me quit. which was also due to age.
- I was not given written notice as to the reason for termination until months later after a phone call was placed by my niece as my representative. I received a

Christine Banks cont: 258742202 (2)

letter two months later which stated I had abandoned my job as the reason for termination even though I had lost my foot.

In conclusion, management was well informed of my medical issues through my insurer. Because of my age and number of years worked and my age I was eligible for retirement which would have cost the company. After nearly thirty years of service and excellent work history it was not until issues with my legs, my age and being out on disability, I was harassed because of my age to quit, I was discriminated against because of my disability which included amputation of my foot and several surgeries on my legs after years of standing on my feet, I was wrongfully terminated while out recovering from having my foot amputated and on disability with notification my employer.

Christine BUNTZ (258742202) cont. (3)

I am also doing the best I can to file this claim on my own due to the financial hardship I have been placed in. I am also filing for damages. I started my employment on June 1986 until my termination as made known by my insurer on 8/29/2016. After 32 years of service I was eligible for retirement and should have been allow to do so years of dedicated service and my disability due to the amputation of my foot and issues with my legs due to years of standing on a concrete floor. I was one of the oldest if not the oldest employee remaining with this company and every effort was made to cause me to quit once New management took over in 2015 through management and HR contact Tawana Johnson.

Sincerely
Christine Buntz

15. Plaintiff still works for defendant(s)
X no longer works for defendant(s) or was not hired

16. If this is a disability-related claim, did defendant(s) deny a request for reasonable accommodation? X Yes No

If you checked "Yes," please explain: I came back to
work after being off for surgery on my
left leg with a return to work statement from
my doctor and told to leave the premises
because there were no light duty
accommodations

17. If your case goes to trial, it will be heard by a judge unless you elect a jury trial. Do you request a jury trial? Yes X No

Request for Relief

As relief from the allegations of discrimination and/or retaliation stated above, plaintiff prays that the Court grant the following relief (check any that apply):

X Defendant(s) be directed to cell attorney fees
and funds to file this claim

X Money damages (list amounts) 3,000,000

X Costs and fees involved in litigating this case

X Such other relief as may be appropriate Any other relief
that may apply.

PLEASE READ BEFORE SIGNING THIS COMPLAINT

Before you sign this Complaint and file it with the Clerk, please review Rule 11 of the Federal Rules of Civil Procedure for a full description of your obligation of good faith in filing this Complaint and any motion or pleading in this Court, as well as the sanctions that may be imposed by the Court when a litigant (whether plaintiff or defendant) violates the provisions of Rule 11. These sanctions may include an order directing you to pay part or all of the reasonable attorney's fees and other expenses incurred by the defendant(s). Finally, if the defendant(s) is the prevailing party in this lawsuit, costs (other than attorney's fees) may be imposed upon you under Federal Rule of Civil Procedure 54(d)(1).

Signed, this 22 day of March, 2018

Cherstin Banks
(Signature of plaintiff *pro se*)

Christine Banks
(Printed name of plaintiff *pro se*)

2842 Marco Dr
(street address)

Atlanta Ga 30318
(City, State, and zip code)

garrettbelinda52@yahoo.com
(email address)

4044547881/4409123927
(telephone number)

please allow my niece Belinda Garrett
2562 Lavender Ct to ask any question
on my behalf.



The Lincoln National Life Insurance Company, PO Box 2609, Omaha, NE 68103-2609
 toll free (800) 423-2765 Fax (877) 843-3950
 www.LincolnFinancial.com

M/S
 2

GROUP CONTINUANCE OF DISABILITY (PLEASE see FRAUD NOTICES attached)

TO AVOID DELAY, PLEASE ANSWER ALL QUESTIONS COMPLETELY. THIS FORM IS TO BE COMPLETED AND RETURNED BY _____
 THE LINCOLN NATIONAL LIFE INSURANCE COMPANY IS NOT RESPONSIBLE FOR CHARGES INCURRED FOR COMPLETION OF THIS FORM.
 IT IS THE INSURED'S RESPONSIBILITY TO PROVIDE PROOF OF CONTINUED DISABILITY AT HIS/HER EXPENSE.

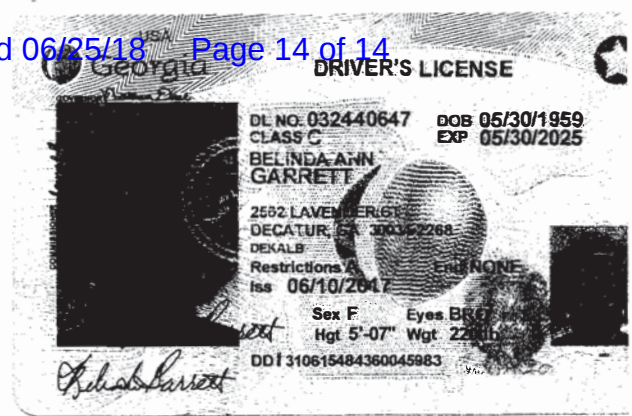
Attending Physician's Statement

- 1) Patient's Name Banks, Christine Date of Birth 5/4/46
- 2) Diagnosis, Nature of Sickness or Injury (Describe complications, if any)
Peripheral arterial Disease with Right common Femoral Artery
occlusion & failed Bypass surgery.
- 3) a) Date of First Treatment: 11/2015
 b) Date of Most Recent Treatment: 10/29/2016
 c) Frequency of Treatments: Depends / varies monthly.
 d) Type of Treatment rendered: Surgery, ultrasounds, Doctor Flw, Com
 e) Is surgery scheduled? If so, when? no manager
- 4) The patient has been continuously Totally Disabled (unable to perform regular job)
 From 12/2015 to Current.
 The patient has been continuously Partially Disabled (some restrictions or light duty)
 From _____ to _____.
 If the patient is still disabled, when should patient be able to return to work? unknown
- 5) Remarks or Comments: _____

- 6) List Restrictions and Limitations: Unable to walk for prolonged time due to poor
Circulation.

- 7) Physical Impairment:
 - ☐ Class 1 - No limitation - capable of heavy work - No restrictions (0-10%)
 - ☐ Class 2 - Medium manual activity (15-30%)
 - ☐ Class 3 - Slight limitation of functional capacity, capable of light work (35-55%)
 - ☒ Class 4 - Moderate limitation of functional capacity, capable of sedentary/clerical activity (60-70%)
 - ☐ Class 5 - Severe limitation of functional capacity; incapable of minimum (sedentary) activity (75-100%)
- 8) Mental Impairments (if applicable)
 - ☐ Class 1 - Patient is able to function under stress and engage in personal relations (no limitations)
 - ☒ Class 2 - Patient is able to function in most stress situations & engage in most interpersonal relations (slight limitation)
 - ☐ Class 3 - Patient is able to engage in limited stress situations & limited interpersonal relations (moderate limitation)
 - ☐ Class 4 - Patient is unable to engage in stress situations or engage in interpersonal relations (marked limitation)
 - ☐ Class 5 - Patient has significant loss of psychological, physiological, personal & social adjustment (severe limitations)

Date 9/1/2016 Signed [Signature] /Degree/Specialty Vascular
 Month Day Year
 (Attending Physician, No Stamps, please)
 Address 1718 Peachtree St Suite 360
 City, State Atlanta GA 30309
 Phone Number 404 350 9505
 Fax Number 404 350 1611



1 18-CV-2809
Filed on behalf of
Christine Banks
on June 7, 2018
-RLB